

POSITION	INITIALS	ID NO.	DATE
	<i>CM</i>	<i>67814</i>	<i>12/9/55</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>J</i>	<i>415</i>	<i>12/14/58</i>
FORMALITY REVIEW		<i>71521</i>	<i>1-6-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS



Rejected ..... N ..... Non-elected  
 Allowed ..... I ..... Interference  
 (Through numeral) Canceled ..... A ..... Appeal  
 Restricted ..... O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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